

## RESIDENTIAL CARE APARTMENT COMPLEX INITIAL CERTIFICATION OR REGISTRATION APPLICATION

Completion of this form is required per s. 50.034(1), Stats., and HFS 89.53, Wis. Admin. Code, for certification or HFS 89.42, Wis. Admin. Code, for registration as a Residential Care Apartment Complex (RCAC). Failure to complete this form accurately may result in a delay in processing or certification denial. Send the completed form, with attachments listed below, to the Office of Quality Assurance regional office assigned to the county in which the facility is located. OQA regional office locations are found at <http://www.dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/ALSreglmap.htm>. Contact the appropriate regional office if you have questions about completion of this form.

### THE FOLLOWING ITEMS MUST BE SUBMITTED

- RCAC Regulation Compliance Statement, OQA-2381
- One-time conversion fee, if applicable
- Certification Fee
- Facility floor plan with dimensions, exits and room usage
- Diagram of apartment configuration for each type, i.e, one bedroom, two bedroom, etc.

**NOTE: The Office of Quality Assurance is to be notified of any change in the information provided on this application.**

GENERAL INFORMATION			
Name – Facility		<input type="checkbox"/> Certified <input type="checkbox"/> Registered	
Contact Person		Telephone Number	
Facility Street Address			
City	State	Zip Code	County
Name – Manager / Operator		Telephone Number	
Provide specific directions to the facility from the closest major STATE highway. Attach a separate page if necessary.			

IDENTIFY THE INDIVIDUAL TO WHOM MAIL IS TO BE SENT		
Name		Telephone Number
Mailing Address		
City	State	Zip Code

FACILITY INFORMATION	
Is this a conversion from a nursing home or community based residential facility to an RCAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Structure is a Residential Care Apartment Complex <b>ONLY</b>	
<input type="checkbox"/> RCAC is a DISTINCT PART attached to a:	
<input type="checkbox"/> Non-RCAC Independent Apartment Building	<input type="checkbox"/> Nursing Home <input type="checkbox"/> CBRF
<input type="checkbox"/> Other (explain)	
Total Number of Independent <u>and</u> RCAC Apartments	Total Number of RCAC Apartments

Apartment Type	Number of Apts.	Apartment Size In Square Feet (inside measurement)		Monthly Rent, Utilities, etc. Exclusive of Services	
		Smallest	Largest	Least Expensive	Most Expensive
Efficiency				\$	\$
1 Bedroom				\$	\$
2 Bedroom				\$	\$
3 Bedroom				\$	\$

APPLICANT INFORMATION

<input type="checkbox"/> Individual	FOR PROFIT ORGANIZATION	NON-PROFIT	GOVERNMENT AGENCY
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corp.	<input type="checkbox"/> Corporation <input type="checkbox"/> Church <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Other	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other
Name – Owner			Telephone Number
Mailing Address – Owner			
City		State	Zip Code

THE APPLICANT OWNS THE:

OPERATION	BUILDING	LAND
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all names, principal business addresses **and** the percentage and type of ownership interest of all persons or business entities having any ownership interest in the facility, whether direct or indirect, and whether the interest is in the profits, land, or building, including owners of any business entity that owns any part of the land or building. If a partnership, then list each partner. If a corporation, then list each officer and director of the corporation. If any person or business entity named is a bank, credit union, savings and loan association, investment association or insurance corporation, it is sufficient to name the entity involved without providing information regarding the officers and directors of the entity. **Attach additional pages if needed.**

<b>LIST THE INTERESTED PARTIES RELATIVE TO THE APPLICANT</b>	
Name and Title	Extent of Financial Interest
Address (Street / PO Box, City, State, Zip Code)	
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Address (Street / PO Box, City, State, Zip Code)	
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Name and Title	Extent of Financial Interest
Address (Street / PO Box, City, State, Zip Code)	

**If someone OTHER THAN THE APPLICANT has ownership interest in the BUILDING and the LAND, complete the following applicable sections:**

<b>OWNER – BUILDING</b>
Name (Individual, Partnership, Corporation, etc.)
Address (Street / PO Box, City, State, Zip Code)

<b>LIST THE INTERESTED PARTIES RELATIVE TO THE OWNER OF THE BUILDING</b>	
Name and Title	Extent of Financial Interest
Address (Street / PO Box, City, State, Zip Code)	
Name and Title	Extent of Financial Interest
Address (Street / PO Box, City, State, Zip Code)	
Name and Title	Extent of Financial Interest
Address (Street/PO Box, City, State, Zip Code)	

<b>OWNER - LAND</b>
Name (Individual, Partnership, Corporation, etc.)
Address (Street/PO Box, City, State, Zip Code)

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to \$10,000 or imprisonment not to exceed 6 years, or both (946.32 Wis. Stats.).

<b>SIGNATURE</b> - Residential Care Apartment Complex Chapter 50 Designee	Title	Date Completed
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